

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	T-G		4/3
O.I.P.E. CLASSIFIER			4/6/01
FORMALITY REVIEW	QH	854	5/1
RESPONSE FORMALITY REVIEW	R.B	1076	07/25/01

**BEST AVAILABLE COPY**

**INDEX OF CLAIMS**

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral).... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Date								
1	12/12/88								
2	1/28/93								
3	07/03/01								
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If more than 150 claims or 10 actions  
staple additional sheet here

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